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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	38-21(15347)
	First Named Inventor	Martinell, Brian J.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Soybean transformation method

the specification of which (Title of the Invention)

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/115,833	01/14/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Thomas P McBride	32,706	Dennis R. Hoerner, Jr.	30914
Lawrence M. Lavin, Jr	30768	Timothy K. Ball	42287
Alan E. Dow	35123		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Thomas P McBride				
Address	Patent Department Central				
Address	Monsanto/GD Searle PO Box 5110				
City	Chicago	State	IL	ZIP	60680-5110
Country		Telephone	(636) 737-7685	Fax	(636) 737-6047

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))			Family Name or Surname				
Brian J.			Martinell				
Inventor's Signature	<i>Brian J. Martinell</i>				Date	1-7-00	
Residence: City	Mt. Horeb	State	WI	Country		Citizenship	USA
Post Office Address	4025 St. Road 78						
Post Office Address							
City	Mt. Horeb	State	WI	ZIP	53572	Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Lori S.			Julson		
Inventor's Signature					Date
Residence: City		Lake Mills	State	WI	Country
Post Office Address		130 E. Grant St.			
Post Office Address					
City	Lake Mills	State	WI	ZIP	53551
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Carol A.			Emler		
Inventor's Signature					Date
Residence: City		Mt. Horeb	State	WI	Country
Post Office Address		1877 Lewis Road			
Post Office Address					
City	Mt. Horeb	State	WI	ZIP	53572
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Yong			Huang		
Inventor's Signature					Date
Residence: City		Madison	State	WI	Country
Post Office Address		PO Box 44212			
Post Office Address					
City	Madison	State	WI	ZIP	53744

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dennis E.				McCabe			
Inventor's Signature	<i>Dennis E. McCabe</i>					1/7/00	Date
Residence: City	Middleton	WI	State		Country		Citizenship USA
Post Office Address	8520 University Green						
Post Office Address							
City	Middleton	WI	State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Edward J.				Williams			
Inventor's Signature	<i>Edward J. Williams</i>					1/7/00	Date
Residence: City	Madison	WI	State		Country		Citizenship USA
Post Office Address	404 Whispering Pines Way						
Post Office Address							
City	Madison	WI	State		ZIP	53713	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		ZIP		Country

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